



Televisi3n de Puerto Rico WAPA-TV
 PO Box 362050
 San Juan, PR 00936-2050
 Tel (787) 792-4444 Fax (787) 793-8060

Mailing Address MEDIAEDGE PO BOX 13429 SAN JUAN, PR 00908-3429	Contract #	Rev #	Bill Cycle	Print Date	Entry Date
	95597	NEW	Calendar	10/31/2016	10/31/2016
	Advertiser			Brand	Network
	PARTIDO INDEPENDENTISTA			GOVERNOR	WAPA
	Contract Description			Dates	Revenue Type
	MARIA DE LOURDES STGO			11/07/16 - 11/07/16	LZ13
	Estimate #	Proposal #	Primary Salesperson	Buyer:	
	01/50466	0046837	Ramos, Susie		

Line	M	TU	W	TH	F	SA	SU	Spots Week	Ordered Dates	Ordered Times	Spot Type	Spot Length	Total Spots	Spot Rate
A 1	1							1	11/07 - 11/07	07:55:00 p 08:00:00 p	PDP	4:00	1	\$12,000.00
Prg: Mensaje Pol PIP														

<i>Billable</i>		Airtime		NTR		Total	
Calendar		Gross	Net	Spots	Gross	Net	
Nov 2016		\$12,000.00	\$10,200.00	1			\$12,000.00 \$10,200.00
Totals:		\$12,000.00	\$10,200.00	1			\$12,000.00 \$10,200.00



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Ordered vs. Actual	Amount	Spots		
Booked				
Already Aired	\$0.00	0		
Totals:			\$0.00	0
Pre-empti3ns/Makegoods				
Partial Credits	\$0.00	0		
Makegoods	\$0.00	0		
Pre-empted in Past	\$0.00	0		
Pre-empted in Future	\$0.00	0		
Totals:			\$0.00	0
Booked				
Scheduled in Future	\$12,000.00	1		
Totals:			\$12,000.00	1
Current Billable:			\$12,000.00	1

State	Booked	Billable	Variance
Invoiced	\$0.00	\$0.00	\$0.00
Pending	\$0.00	\$0.00	\$0.00
Remaining Schedule	\$12,000.00	\$12,000.00	\$0.00
Totals:	\$12,000.00	\$12,000.00	\$0.00

ACCEPTED FOR STATION

By _____

Date _____

ACCEPTED FOR ADVERTISER/AGENCY

By _____

Date _____

Conditions on reverse side hereof and attachments, if any, are a part of this contract.



BROADCAST CONTRACT

A GroupM Company
PO BOX 13429
SANTURCE, PR 00908

WAPA-TV
TELEVICENTRO DE PR WAPA-TV
PO BOX 362050
SAN JUAN, PR 00936-2050

CLIENT: PARTIDO INDEPENDENTISTA
PRODUCT: MARIA DE LOURDES SANTIAGO
CAMPAIGN: COMPRA MENSAJE NOV7
DATE: 28 OCT 2016 03:21PM
NUMBER: 0046837
CLIENT/PROD/NO.: 0202 /01 /50466
PAGE: 1

The Supplier will submit its invoice to the Agency within the first (30) calendar days from the last day of the month in which the services were rendered. The Agency will not honor invoices submitted after the lapse of the aforesaid (30) day period, and Supplier accepts and agrees to this requirement, and understands that if the Supplier does not comply with this requirement it waives its right to payment for services rendered for the pertinent month.

LEN	DAY / PROGRAM / TIME	COST	WEEK OF	TOTAL SPOTS
		NO 07		
90 MO	700P-800P	12,000.00		1
#1	7:55PM MENSAJE 4MIN			
				1
				TOTAL SPOTS
				12000.00
				TOTAL COST


MEDIA DEPARTMENT

MEDIA


DATE

INVOICE NO.	DATE	DESCRIPTION	GROSS	DISCOUNT	NET
REQ102816B	10/28/16	0202/01/50466 - PIP	10200.00	204.00	9996.00
PAGE 1					
CHECK NO. 1441	CHECK DATE 0/31/16	TOTALS	10200.00	204.00	9996.00

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

CITIBANK N.A.
CITIBANK DRIVE
SAN JUAN, PUERTO RICO 00926

215

DATE	CHECK NUMBER	
10/31/2016	1441	*****9,996.00

VALID FOR 6 MONTHS AFTER DATE OF ISSUE

MEC

B7 Tabonuco Street
Suite 1506
Guaynabo Puerto Rico 00968-3028

THE AMOUNT OF NINE THOUSAND NINE HUNDRED NINETY SIX DOLLARS AND ZERO CENTS

PAY TO
WAPA-TV
TELEVICENTRO DE PR WAPA-TV
PO BOX 362050
SAN JUAN, PR 00936-2050

[Signature]

11 1441

11

10215020401 030108602411

CANDIDATE REQUEST FOR POLITICAL BROADCAST INFORMATION OR TIME

Date of Request: 10/28_____, 2016_ Time of Request: 2:00pm_____

Candidate Name: MARIA DE LOURDES SANTIAGO_____

Party: Partido Independentista Puertorriqueño_____

Candidate for: GOBERNADOR_____ Puerto Rico_____
(Office) (Location)

Candidate's Authorized Committee: MARIA DE LOURDES SANTIAGO 2016_____

Treasurer of Candidate's Authorized Committee: Carmen M. Faura Rodríguez_____

Address: 969 Ave. Roosevelt San Juan, PR 00920_____

Telephone: 787 782-1455_____

Agency for Candidate (if any): MEG Global_____

Name of Person Requesting Information/Time: Lourdes Ocasio_____

Information Requested: _____

- Rates for see attached_____
- Availabilities for see attached_____
- Other: _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STATION:

Disposition of Request:

XX Accepted _____ Rejected _____ Accepted or Rejected in part (attach explanation)

Rate Charged for Spot: see attached_____

Class of Time Purchased: non pre-emptable_____

Air Date and Time (attach a schedule of the advertising or program time provided, if necessary): _____

See attached_____

Rebate Paid (if any): N/A_____

Disclosure Statement Provided by Station: XX_____
Yes No Previously provided

BCRA Certificate (for Federal candidates only) Provided: _____ XX_____
Yes No Previously provided

Other Information: _____

Inquiry Received By: Susie Ramos_____

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF
ADVERTISING.